

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (37 CFR 1.63)**

As a below named inventor of an invention titled **Method and Composition for Oral Cavity Hygiene**, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the above-titled invention, the specification of which (check one)

☒ [X] is attached hereto

☐ [] was filed on _____ Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Sec. 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority NOT Claimed	Certified Copy Attached?
			<input type="checkbox"/> []	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
			<input type="checkbox"/> []	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No
			<input type="checkbox"/> []	<input type="checkbox"/> [] Yes <input type="checkbox"/> [] No

I hereby claim the benefit under Title 35, United States Code, Sec. 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

Application Number(s)	Filing Date (MM/DD/YYYY)	Status (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that

all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I/(We) hereby appoint practitioners at **CUSTOMER NUMBER 23635** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all telephone calls to Milord A. Keshishian, Esq. at telephone No. (310) 446-8970.

Direct all correspondence to: Milord A. Keshishian, Esq.
CUSTOMER NUMBER 23635

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: (first and middle) Ingvar		Family Name or Surname Olafsson	
Inventor's Signature <i>Ingvar Olafsson</i>		Date: <i>OCT. 23, 2003</i>	
Residence: City Clearlake	State: CA	Country: U.S.A.	Citizenship: U.S.A.
Mailing Address: 5143 Paddock Place			
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City: Rancho Cucamonga	State: CA	ZIP: 91737	Country: U.S.A.

NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name: (first and middle)		Family Name or Surname	
Inventor's Signature		Date:	
Residence: City	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	ZIP:	Country: